

NH MEDICAL CONTROL BOARD

**Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH**

MINUTES OF MEETING

JANUARY 16, 2003

Members Present: Donavon Albertson, MD; Chris Fore, MD; Jeff Johnson, MD; Patrick Lanzetta, MD; Jim Martin, MD; Joseph Mastromarino, MD; Douglas McVicar, MD; William Siegart, MD; Sue Prentiss; John Sutton, MD; Mary Valvano, MD;

Members Absent: Frank Hubbell, DO; Joseph Sabato, MD;
Norman Yanofsky, MD

Guests: Fred Heinrich, Steve Erickson, Jeanne Erickson, Doug Martin, Richard O'Brien, Thomas Blanchette, Clay Odell, Dave Rivers, Jon Bouffard, Janet Houston

Bureau Staff: Will Owen, ALS Coordinator; Kathy Doolan, Field Services Coordinator; Fred von Recklinghausen, Research Coordinator.

I. CALL TO ORDER

All attendees introduced themselves.

Item 1. The meeting of the NH EMS Medical Control Board was called to order by Dr. McVicar at 9:00AM at the Richard M. Flynn Fire Academy in Concord, NH.

II. ACCEPTANCE OF MINUTES

Item 1. November 21, 2002 Minutes: **Motion** was made by Dr. Johnson accept the minutes with the following change: Item 8 to state: The Medical Control Board endorses the use of appropriately trained non-physician personnel to include Paramedics to work under the direction of the Chief Medical Examiner at medical/legal scenes. Motion was seconded by Dr. Albertson. Motion passed unanimously. Will Owen will update the website to reflect the changes.

III. DISCUSSION & ACTION PROJECTS

Item 1. Sternal Interosseous Infusion

Will Owen stated he e-mailed packets with research that Fred von Recklinghausen had completed and proposed protocol changes to the Interosseous Access Protocol 5.2 from the Bureau. The changes would be to remove any reference to age, add manubrium of the sternum as the site of choice in an adult patient, and emphasize that this is used as a last alternative when peripheral IV access was unobtainable.

Dr. Johnson reported the device has been approved in St. Johnsbury, VT.

Motion by Dr. Albertson, seconded by Dr. Mastromarino, to remove the age reference from the Interosseous Access Protocol 5.2 and make it such that there are no venter references.

Motion passed unanimously.

Item 2. Protocols Rollout Procedures: Will Owen stated he would make the above changes in the Protocols before they are rolled out. Will stated that he plans to email out protocols next week and hard copies will be sent out by the end of the month. The protocol packet will include the educational components, approved medications list and a summary of changes to the 2003 Protocols.

Will Owen stated that Kathy Doolan, Liza Burrill and he are working with the Seacoast Food Allergy Group on the “Anaphylaxis and Epinephrine” educational component. They will put together a resource list which will include how to secure teaching resources (e.g. video tapes, hand-outs, speakers, etc). The resource list will be mailed to Hospital EMS contacts as soon as it is developed.

Item 3. 2003 Protocols Publication and Board of Pharmacy Action:

Dr. McVicar stated the Board of Pharmacy approved the entire Approved Medication List at a meeting yesterday.

Item 4. Protocols System Improvement

Dr. McVicar stated there has been past discussion about changing the Protocols process and format. He stated that he would like to have a new system in place by the summer so that the fall could be used to make content changes for the 2004 edition. Extensive time was set aside at the meeting for all Board members present to comment on the following questions posed by Dr. McVicar and Dr. Albertson:

1. How is the current numbering system working?
2. What is the best format? PDF? Hard copy? Or is a disk good enough?
3. When should we issue Protocols? If we decided on a change in July, do we have to wait until January to issue the new Protocol?

4. How can we encourage local EMS Medical Directors to roll out Protocols in a timely fashion?
5. What about the appendices?
6. Scope of Practice, is distributed here and there throughout the Protocols. Can this be extracted into one page?
7. Should Protocols be the same statewide? What would statewide protocols mean for the future of Local Option?
8. About half of the hospitals don't have a representative on the Medical Control Board. How can we get them more involved?

Summary of comments by Board members and guests:

- **Dr. J. Johnson:** In favor of PDF format on disk. In favor of state-wide or at least regional protocols. In favor of annual updates to the protocols which makes it easier to educate providers. Asked about the possibility of web conferencing for meeting in order to help people who have to travel get involved. Addressed need for standardization of protocols.
- **Dr. Mastromarino:** In favor of a disk and PDF format. Felt new protocols should be rolled out as they are approved and finalized so they don't sit. If state helps with educational components, roll out will not be a burden.
- **Dr. Lanzetta:** In favor of a disk and PDF format. In favor of creating a "flip book" format of the protocols for field use with color coding for each level of provider. Printed hardcopy is more stable and reliable than Palm based. In favor of a statewide protocol that avoids excessive option. A scope of practice document would be very helpful.
- **Dr. Albertson:** Encouraged regional operations and protocols. In favor of having an "official copy" of the protocols on the website. "Statewide" concept is ambiguous. Maximum menu is already statewide. Would physicians accept losing all their local option? Not sure everyone knows what "local option" is or how to use the maximum menu. Thought that 1/3 of the appendices could be converted to a protocol format. As editor, has no strong preferences and will do whatever people feel is best.
- **Dr. Martin:** Felt the current numbering system of the protocols is "cumbersome" and has developed better system locally. Like receiving both a hard copy and electronic copy of protocols. In favor of a continuous roll out which is important to the providers. In favor of "maximum menu" and local option format which is very important. Suggested contacting all the Medical Resource Hospitals to encourage attendance at Board meetings.
- **Dr. Siegert:** In favor of hard copy of protocols as well as PDF and Word formats. Suggested 2 forms of the protocols: an expanded version and condensed version like ACLS. In favor of a flip book and suggested creating a PDA format as an option. In favor of the maximum menu with local option to reflect nuances of local practices (eg. North Country) but encourages regional cooperation. In favor of the roll outs being flexible in order to allow timely updates.

- **Dr. Fore:** Had no concerns about current numbering system. In favor of a condensed version of the protocols. Felt the hard copy, disk or web format were all okay. In favor of just one annual update but critical changes being rolled out as amendments with a memo of notification. Felt it would be difficult to make appendices into protocols. Likes to teach them all. In favor of a scope of practice document. Suggested about once per year meeting for all state EMS medical directors and a protocol summit every 2 years.
- **Dr. Valvano:** Had no concern with current numbering system. Strongly in favor of a web format but must have a hard copy and CD backup in case the server goes down. In favor of PDF. In favor of a pocket or PDA format. Annual roll-out gives more time to consider and reconsider but it is hard to tell providers to wait a year for a great new protocol. In favor of a scope of practice. Suggested contacting each Medical Resource Hospital to ask if their needs are being met by the board, and to encourage open dialogue.
- **Dr. Sutton:** At some point need to adopt a web based format. Impossible to ignore the computer revolution. Felt that too much local option defeats the purpose of a protocol. Also varying procedures make meaningful data collection impossible. Too much variation makes scope of practice document less meaningful. In favor of a state Medical Director's conference, though it is difficult to get people involved. We can learn from the Trauma conference.
- **Will Owen:** Suggested collecting other state protocols and looking at their physical format and process to get ideas. In favor of raising the minimum menu and leaving certain things as local option. Feels the process for approval of new protocols and procedures needs to be tightened up so providers are more clear on what is and is not approved.
- **Kathy Doolan:** State website would be a place to put the Protocols. We could link to a specific hospital to have access to each hospital adopted protocols.
- **Sue Prentiss:** Suggested website update monthly with full document sent out twice a year as hard copy to hospitals. Each protocol adopted by the MCB needs to be adopted with a date for its release. A statewide medical control conference like the Trauma Conference would be an opportunity for getting input and educating them.
- **Rick O'Brien:** Interested in revitalizing the ALS Task Force to look at this process. Stated a member of his department had already created a PDA format of the protocols and they would be willing to share that with the Board. In favor of a new protocol roll out more often than yearly.
- **Doug Martin:** In favor of keeping some level of Local Option. In favor of an annual meeting for EMS Medical Director and suggested a break out from the annual ACEP meeting. Would like appendices for special procedures e.g. MAST. Suggests adding a place holder to numbers ("5.1" to "5.01") which allows for electronic sorting.

Discussion ensued about the definition of "Local Option." The minimum State standard protocols are in the Administrative Rules and cannot be changed at the local level. There would have to be a rule change in order to change the minimum standards issued by the Medical Control Board.

Discussion ensued about collecting each hospital's adopted protocols to identify differences and get a sense of what was being done throughout the state. Will O. stated that a previous attempt to do this was done by Bill Wood with a poor response rate from the hospitals.

Motion was made Dr. Albertson, seconded by Dr. Lanzetta, to revitalize the sending in of protocols to the Bureau for review. Motion passed unanimously. Will O. will follow up on this and report back at the next meeting.

Discussion concluded. Plan: Will O. will:

- Collect Local Option Protocols from each hospital.
- Collect Protocols and information about protocol process from other states and regions.
- Look into the ability of putting protocols on the web site.

This information will be presented at the March meeting.

IV INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

Item 1. Division Report

Director Mason updated the Board with the following information:

- He stated he had spoken with the Chairman about the accreditation of paramedic programs and in general is in favor of accreditation. He stated that with the reorganization of the Bureau, the Education Section has the responsibility under Administrative Rule to monitor EMS educational programs and instructor activities within the state. The Director would like to give the Bureau Educational staff some time to get up and running with their new responsibilities and take this on as well.
- Director Mason asked that the Board follow the protocols of the Division of Fire Standards by going through Bureau Chief Sue Prentiss when they need anything.
- Director Mason offered to allow the Board to tour the ARFF Site to view the impressive amount of EMS equipment that will soon be distributed in the field. This equipment will replace outdated equipment and it will establish new sets of training and testing equipment throughout the state.
- Five new vehicles would be arriving shortly for use by the Bureau of EMS.
- The Field Office in Berlin will soon have a new Secretary.
- He will be meeting with the Commissioner tomorrow to discuss the open Trauma Coordinator Position and to confirm moving forward in the process in light of the Governor's recent hiring freeze.

Item 2. ACEP Report

No report.

Item 3. All Airway Curriculum

Will O. reported there has been no movement on this project secondary to other priorities but he was hoping to address it in the upcoming year. He will be following up with Dr. Fore and Dr. Sabato.

Item 4. Bureau of EMS Report

Chief Prentiss updated the Board with the following information:

- Interviews are continuing for Trauma Coordinator on 1/30/03.
- George Patterson has been hired part time to work on the Trauma Grant.
- AED Grant is underway. One Hundred and fifteen AED's are being ordered. We are now waiting for them to go out to bid. They should be out in the field by spring.
- Rural Health Needs Assessment and Customer Satisfaction Survey was distributed and the current return rate is 60% and climbing.
- The Instructor Enrichment Seminar is being scheduled for May 2nd and 3rd with Jon Politis of Colonie, NY.
- Fred von Recklinghausen did a Power Point presentation on the status of the NH Trauma and EMS Information System (TEMSIS). There will be a 2-day stakeholders meeting in March. The Bureau has identified the key partners to be invited and is awaiting confirmation from NHTSA and NEDARC presenters.

Item 5. Department & Legislative Report

Assistant Commissioner Stephen reported on the following:

- Two bills are to be introduced in this legislative session and could potentially impact EMS. One bill is to take 25% of any dedicated funding source and put it into the general fund. This would potentially affect the money the Division receives from HB303. The second bill is to add \$1 to the fees already being collected by HB303 from requests for motor vehicle records by insurance companies, in order to fund the Fire Marshal's Office and the general fund portion of the Office of Emergency Management. Assistant Commissioner stated he will keep the Board informed on both these bills.

Item 6. DHART/9-1-1 Trauma Response

Dr. McVicar noted that after discussion with Bureau Chief Prentiss, this agenda topic was moved to the Trauma Medical Review Committee's agenda. The next meeting is on February 12th, 2003 at 9:30 at the Richard M. Flynn Fire Academy in Concord, NH.

Item 7. Intersections Initiative

Chief Prentiss reported that Dr. Sabato was unable to attend today. S. Prentiss stated that the Intersections Collaborative has collaborated with the NH Public Health Association and submitted a grant application to the American Public Health Association. The application proposes hosting a conference with key

policy makers, health care providers and law enforcement officials to explore recommendations to reduce impaired driving in NH.

Item 8. NH E-911 Report

No report.

Item 9. New Vehicle Construction/ Provider Hazard Course

Dr. McVicar stated he felt this was a very important subject and it continues to need to be addressed. Discussion ensued about disappointing attendance for the CARE program in spite of excellent reviews by providers who have taken the course. A suggestion was made to look into the feasibility of making a video. Dr. McVicar will follow up with Dr. Hubbell about the video idea.

Item 10. Trauma Medical Review Committee

Trauma Medical Review Committee last met on August 20, 2002. The next meeting is on February 12th, 2003 at 9:30 at the Richard M. Flynn Fire Academy in Concord, NH.

Item 11. Summer Meeting Locations

Suggestions were made to hold meetings in Conway, Dartmouth and Peterborough. Dr. McVicar, Clay Odell and Will O. will follow up on these locations.

V ADJOURNMENT

The meeting was adjourned by Chairman Dr. McVicar.

VI NEXT MEETING

Thursday March 20, 2003 at 9:00 AM, NH Fire Academy, Concord, NH

Suzanne M Prentiss, Executive Secretary
Prepared by Wanda Botticello and Will Owen